

DoD Space Planning Criteria for Health Facilities

General and Specialty Surgical Clinics

3.11.1. PURPOSE AND SCOPE:

This chapter sets forth space planning criteria for General Surgery and Specialty Surgical Clinical Services in military health care facilities. Specialty Surgical services included within this chapter: colorectal, neurosurgery, plastic surgery and cardiothoracic surgery.

Separate sections within this chapter provide information on other specialty clinics, as listed below:

Specialty Medical Clinic	Chapter	Psychiatric Clinics	Chapter
Allergy/Immunization	3.17	Mental Health/Hygiene	3.18
Dermatology	3.15	Psychiatry	3.18
Endocrinology	3.15	Child Psychiatry	3.18
Gastroenterology	3.15	Clinical Psychology	3.18
Hematology/Oncology	3.15		
Infectious Disease	3.15	Women's Health	Chapter
Internal Medicine	3.15	OB/GYN	3.6
Nephrology	3.15	Family Planning	3.6
Neurology	3.15		
Rheumatology	3.15	Pediatrics	Chapter
		Adolescent	3.3
Cardiology/Pulmonary Services	Chapter	Infectious Disease Pediatrics	3.3
Cardiology	3.16	Well Baby	3.3
Pulmonary	3.16		
Preventative/Occupational Clinics:		Primary Care	Chapter
Aerospace, Aviation, and	3.4	Optimization Clinic	3.2
Submarine Medicine		Emergency	3.5
Community Health Nursing	3.19	Family Practice	3.1
Industrial Hygiene,	3.19	General Practice	3.1
Environmental and		Physical Examination	3.1
Bioenvironmental Sciences			
Occupational Health/Civilian	3.19	Specialty Surgical Clinics	Chapter
Employee Health Clinic		Colorectal	3.11
Preventive Medicine	3.19	General Surgery	3.11
		Neurosurgery	3.11
Eye, Ear, Nose & Throat	Chapter	Orthopedic/Podiatry	3.12
Audiology	3.10	Plastic Surgery	3.11
Ophthalmology/Optometry	3.13	Thoracic Surgery	3.11
Otorhinolaryngology (ENT)	3.10	Pain	3.11
Speech Therapy	3.10	Urology	3.14

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3.11.2. DEFINITIONS:

Administrative Personnel: Administrative personnel are all personnel who do not counsel, diagnosis, examine or treat patients, but who do work that is essential for the accomplishment of the missions of a medical treatment facility. This does include military (assigned and borrowed), contract and civilian personnel. It does not include volunteers.

Clinic Visit: A visit is a contact between an eligible beneficiary and a medical care provider. A visit consists of examination, diagnosis, treatment, evaluation, consultation, counseling, or medical advice in a clinic or treatment/observation in quarters. (Source: DoD 6015-M, Glossary of Healthcare Terminology 1999)

Colorectal: Area of the lower portion of the colon or the rectum.

Endoscopy: Inspection of the interior of a canal or any air or food passage by means of an endoscope.

Full-Time Equivalent (FTE): A work force equivalent to one individual working full time for a specific period, which may be made up of several part-time individuals or one full-time individual. This will include everyone working in the facility; military, civilian and contractor personnel.

General surgery: That which deals with surgical problems of all kinds.

Neurosurgery: Surgery of the nervous system, that is designed to restore normal conductivity in malfunctioning nerve fibers or to improve blood flow in the nerve tissue, or to alleviate mental illness.

Office: A private office is an enclosed room outfitted with either standard furniture (Room Code OFA01) or systems furniture (Room Code OFA02). An administrative cubicle is within an open room and is constructed out of system furniture (Room Code OFA03)

Pain Clinic: A pain clinic focuses on the clinical methods used and the problems involved in the diagnosis and treatment of persistent and recurrent types of pain. A significant number of the patients seen in a pain clinic have had accidents or surgery and are still in pain after the normal healing period has elapsed (more than 3-6 months). Examples of problems treated by a pain clinic may include: back, neck arm and leg pain, headaches, arthritis, herniations, Reflex Sympathetic Dystrophy (RSD), nerve damage, complex neurological problems, neuropathies, muscle disorders, muscular strains, and pain resulting from cancer and injuries. Treatment often includes the management of pain associated problems, such as sleep disorders, anxiety, depression and frustration.

Plastic Surgery: Plastic surgery is concerned in the shape and appearance of body structures that are defective, damaged or misshapened by injury, disease, or growth and development.

Preceptor/Consult Rooms: - A location is required for residents in training to be able to discuss cases in private with supervising staff physicians (preceptors). These discussions occur during the course of a patient visit, requiring proximity to exam room areas. In clinic configurations with staff physician offices clustered near exam rooms, precepting may be feasible from the staff physician's own office and not from a dedicated central preceptor room. **Note** that any space provided for precepting must afford privacy from eavesdropping patients and passers-by ... hence an open area accessible by non-staff is **NOT** acceptable.

Proctology: The branch of medicine concerned with disorders of the rectum and anus and treatment of their diseases.

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3.11.2. DEFINITIONS: Continued

Provider: A individual who examines, diagnoses, treats, prescribes medication and manages the care of patients within his or her scope of practice as established by the governing body of a healthcare organization. General providers are physicians, physician's assistants and clinical nurse practitioners. The term 'staff physician' in relation to a Residency Program, does not include physician assistants, nurse practitioners or residents.

Thoracic Surgery: Surgery of the thorax or chest.

Vascular Surgery: Surgery of the blood vessels.

3.11.2. POLICIES:

Administrative Offices: The office space required to provide administrative support to operate the clinic services will be provided in accordance with criteria for Chapter 2.1 (General Administration).

Clinic Composition:

Whenever the workload of any specialty does not support more than two surgeon FTEs, a separate clinic should not be programmed. Surgical specialties that do not justify a separate clinic should be combined into an appropriate clinic grouping.

Offices, Private: With the exception of the office provided for "Key Personnel," all other private offices will be 120 net square feet as stated in paragraph 2.1.5, Space Criteria. Private offices will be provided to following personnel:

- a) Staff who must meet with patients/customers on a regular basis and hold private consultations/discussion.
- b) The senior officer and enlisted member of a department.
- c) Staff who supervise others and must hold frequent, private counseling sessions with their junior staff. This does not include staff who supervise a very small number of people, and who would only occasionally need private counseling space. These staff can use available conference rooms or other private areas for their infrequent counseling needs
- d) Any personnel who interview or counsel patients with patient privacy concerns.

Office, Non-Private or Shared Space: Personnel, who require office space, but not a private office, will be provided space in a shared office. Non-private or shared office space will be programmed at 60 net square feet per occupant.

Patient Education Cubicle: The cubicle will have a Computer, DVD player and video player and printer. This will allow patient to complete self-assessment health surveys, investigate material based on their diagnosis, print material, and watch videos specific to their treatment/procedure. This area needs to maintain patient privacy and be located near the Patient care areas.

Providers' Examination Rooms: Each provider will be provided with two examination rooms.

Providers' Offices: Each physician, physician's assistant, clinical nurse practitioner, and allied scientist on the staff will be provided a private office (excluded offices are provided under other criteria, such as Radiologists, Pathologists, Anesthesiologists, Commanders, etc.).

Public Toilets, Staff Lounges and Locker Areas: The criteria for public toilets, staff lounges and locker rooms are provided in Chapter 6.1 (Common Areas).

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Residents' Cubicle Space: Private office space will not be programmed for GME residents. GME residents will be provided with shared office space at 60 nsf per resident. An office for a rotating resident may be programmed in the clinic for residents who see patients.

Resident's Office/Examination Rooms: Additional office and examination room space may be programmed into a clinic to provide space for "rotating residents" to see patients. A resident during his or her rotation in the clinic will use this space when seeing patients as walk-ins or by appointment. One office and two examination rooms may be programmed for each resident FTE projected to be in the clinic seeing patients. **Note:** These residents are not necessarily surgical residents only; family practice, internal medicine and other residency programs may require a rotation in the surgery clinic.

3.11.4. PROGRAM DATA REQUIRED:

How many FTE providers are projected?

Will there be a Pain Clinic in the General and Specialty Clinics?

How many FTE nurse managers are projected?

How many FTE nursing staff are projected?

How many FTE staff will require an administrative cubicle? **Note:** Do not include providers or nursing staff.

How many FTE staff will require a private office? **Note:** Do not count providers, nurse managers, advice nurses, or NCOIC/LCPO/LPOs.

How many FTE officers or officer equivalents are projected? **Note:** This information is used to calculate the size of the Conference Room. See Chapter 2.1 (General Administration), paragraph 2.1.2 for Personnel Equivalents Chart.

How many FTEs on peak shift are projected? **Note:** This information is used to calculate the number of Staff Toilets and the size of the Staff Lounge.

How many FTE NCOIC/LCPO/LPOs are projected?

Will there be a Tumor Registry in this Clinic?

Will there be a satellite lab in this Clinic?

Will conscious sedation be used in the Clinic?

How many recovery cubicles will be programmed for this Clinic?

Is a patient education cubicle projected?

Will laser treatment be performed in this Clinic?

Is a vascular surgeon projected in this Clinic?

How many FTE general surgeons are projected in the Clinic?

How many FTE proctologists are projected?

Will patient records be stored in this Clinic?

Will vending machines be in the Staff Lounge?

How many FTE staff will require a locker? **Note:** Do not include staff with offices or cubicles.

How many FTE anesthesiologist, nurse anesthetists and physical therapists are projected in the Clinic?

How many FTE psychologists are projected in the Clinic?

How many FTE physical therapy technicians are projected in the Clinic?

Will exercise therapy be performed in the Clinic?

Will there be a Surgical Residency Program?

Will there be a Surgical Residency Director?

Will there be a Surgical Residency Secretary?

How many Surgical Residents are projected?

How many Surgical Residency staff will require a private office?

How many Surgical Residency staff will require an administrative cubicle?

Will there be a Surgical Residency Coordinator?

How many Surgical Residency Research Technicians are projected?

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3.11.5. SPACE CRITERIA:

Combining functions: When programming a clinic that includes multiple surgical disciplines (general surgery, thoracic surgery, vascular surgery, etc.), special procedure rooms that require similar support functions (patient holding, utility rooms and recovery areas) should be located in such a way as to combine, as opposed to duplicating, the support functions.

NOTE: GP indicates that a guideplate exists for that particular Room Code.

FUNCTION	Room Code	AUTHORIZED		PLANNING RANGE/COMMENT/COMMENTS
		m ²	nsf	

RECEPTION AREAS

Clinic Waiting	WRC01	5.57	60	Minimum. Provide three seats per each exam room. Provide 16 nsf for 95% of the seats and 25 nsf for 5% of the seats (handicapped waiting) .
Reception (GP)	RECP1	13.01	140	Minimum. Provide 140 nsf for the first eight providers. Increase 60 nsf for each increment of four providers over the initial eight providers.
Patient Education Cubicle	CLSC2	2.78	30	Provide if in Clinic Concept of Operations Operations. Includes a computer workstation for patient self assessment, printing educational brochures, etc.
Public Toilets	NA	NA	NA	Space will be provided in Chapter 6.1 (Common Areas).

PATIENT AREAS

GENERAL TREATMENT

Provider Exam Room (GP)	EXRG1	11.15	120	Army. Two per projected FTE provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	EXRG2			Navy. See above Planning Range/Comment.
	EXRG3			Air Force. See above Planning Range/Comment.
Screening, Weights and Measures Adult Room (GP)	EXRG4	7.43	80	Minimum up to four projected FTE providers. One additional room for increment of four providers or portion thereof.
Clean Treatment Room	TRGS1	16.26	175	One treatment room per four projected FTE providers to be divided between dirty and clean treatment rooms. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Dirty Treatment Room	TRGS2	16.26	175	

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GENERAL TREATMENT: Continued

General Treatment Room – Two Station (GP)	TRGM2	31.59	340	One treatment room for 12 or more projected FTE providers. Includes space for two 120 nsf cubicles, plus a sink/work area. Can be used for General Surgery, Neurosurgery, Plastic Surgery and Thoracic Surgery.
Laser Treatment Room	TRGS3	16.26	175	One per clinic, if laser treatment performed.
Microvascular Lab	OPVL1	18.58	200	One per clinic when FTE vascular surgeon projected.
Patient Toilet (GP)	TLTU1	4.65	50	One if number of projected FTE providers is between three and eight. Provide two toilets if number of projected FTE providers are between nine and fifteen. Provide maximum of three toilets if number of projected FTE providers are sixteen or more.

ENDOSCOPY SUITE (INCLUDES PROCTOSCOPY)

Endoscopy Room (GP)	TREE1	26.01	280	Minimum. One per three projected FTE general surgeons.
Proctoscopy Room (GP)	TRPE1	18.58	170	Minimum. One per three projected FTE proctologists.
Proctoscopy Toilet (GP)	TLTU1	4.65	50	One per proctoscopy procedure room.
Endo/Procto Equipment Storage	SRE01	9.29	100	One per endoscopy/proctoscopy suite.
Scope Wash Room (GP)	USCL2	11.15	120	For Endoscopy and/or Proctoscopy rooms equal or less than two; between three and four room provide 140 nsf and for greater than four rooms, provide 160 nsf.

STAFF AND ADMINISTRATIVE AREAS

Provider Office (GP)	OFD01	11.15	120	Army. One per projected FTE provider. Do not count residents as providers. Resident's exam rooms are included in the Residency Functional Area.
	OFD02			Navy. One per projected FTE provider.
	OFD03			Air Force. One per projected FTE provider.

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STAFF AND ADMINISTRATIVE AREAS: Continued				
Nurse Manager Office	OFA01	11.15	120	Private Office, Standard Furniture. One per projected FTE Nurse Manager.
	OFA02			Private Office, Systems Furniture. One per projected FTE Nurse Manager.
Nurse Workroom	WRCH1	11.15	120	Army/Navy. Minimum. Add 40 nsf for each projected FTE nurse above four.
	OFA03	5.57	60	Air Force. Cubicle - Systems Furniture. One per projected FTE nurse.
NCOIC/LCPO/LPO Office	OFA01	11.15	120	One per projected FTE.
	OFA02			
Private Office	OFA01	11.15	120	One per projected FTE requiring a private office. See Chapter 2.1 (General Administration). Some examples are Group Practice Manager, Nurse Educator, Health Care Integrator, any staff who interviews or counsels patients.
	OFA02			
Administrative Cubicle	OFA03	5.57	60	Per projected FTE requiring a dedicated workspace but not a private office. See Chapter 2.1 (General Administration).
Tumor Registry	OFA01	11.15	120	One per facility. Usually located within this clinic but may be located within the Medical Specialty Clinics. See Chapter 3.15 (Medical Specialty Clinics).
	OFA02			
Patient Records Area	FILE1	5.57	60	One per clinic if medical records are stored within the clinic.
Copy Room	RPR01	9.29	100	For Copier/Fax/Mailbox distribution.
Forms/Literature Storage	SRS01	9.29	100	One per clinic.
Conference Room (GP)	CRA01	23.23	250	Minimum use CRA01. One per department with less than eight officers or officer equivalents. For increase in size (CRA02 and CRA03) see Chapter 2.1 (General Administration).
Staff Lounge (GP)	SL001	13.01	140	Minimum 140 nsf for 10 FTEs on peak shift. Add 5 nsf for each peak shift FTE over 10. Maximum size is 300 nsf without vending machines and 320 nsf if vending machines are included.
Personal Property Lockers (GP)	LR001	2.32	25	Minimum for the first 10 FTEs on peak shift. Add 2.5 nsf for FTE over 10. For staff without a dedicated office/cubicle space. See Chapter 6.1 (Common Areas) for Locker Room, Changing criteria.
Staff Toilets	TLTU1	4.65	50	Minimum of one for the first 15 FTEs on peak shift. Add one TLTU1 for every additional 15 FTEs on peak shift. Can be combined into multi-stall toilets.

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CLINIC SUPPORT AREAS

Clean Utility (GP)	UCCL1	11.15	120	For up to 6 projected FTE providers.
		13.94	150	For 7 - 12 projected FTE providers.
		16.72	180	For more than 12 projected FTE providers.
Soiled Utility (GP)	USCL1	8.36	90	For up to 6 projected FTE providers.
		11.15	120	For 7 - 12 projected FTE providers.
		13.94	150	For more than 12 projected FTE providers.
Litter/Wheelchair Storage	SRLW1	5.57	60	One per clinic.
Crash Cart Alcove	RCA01	1.86	20	One per clinic. Can be shared between several clinics if fully accessible to all.
Equipment Storage	SRE01	9.29	100	One per clinic.
Satellite Lab	LBSP1	5.57	60	One per clinic if in Clinic Concept of Operations.

TREATMENT SUPPORT AREAS - Use for all general treatment areas previously listed.

Clean Equipment Room	SRE01	11.15	120	Minimum. Add an additional 60 nsf for each procedure room greater than two.
Recovery Room/Pre-Op Patient Holding (GP)	RROP1	33.44	360	Minimum. Includes two cubicles and control/observation support. Add this room only if the clinic is using conscious sedation. Add 1.5 cubicles (at 120 nsf. each) for each additional procedure room.
Recovery Room Toilet (GP)	TLTU1	4.65	50	One per four recovery cubicles.
Dressing Cubicle (GP)	DR001	4.65	50	Minimum of one. Provide one cubicle per every two procedure rooms.
Sub-waiting	WRC01	5.57	60	Minimum. Add 25 nsf for each procedure room.
Patient Toilet (GP)	TLTU1	4.65	50	One per clinic to support sub-waiting.

PAIN CLINIC

Provider Office (GP)	OFD01	11.15	120	Army - One per projected FTE. For anesthesiologists, nurse anesthetists, psychologists and/or physical therapists.
	OFD02			Navy - See above Planning Range/Comment.
	OFD03			Air Force - See above Planning Range/Comment.
Consult Room	OFDC2	11.15	120	One per Pain Clinic.
Procedure Room	TRGS1	16.26	175	One per projected FTE anesthesiologist, nurse anesthetist, or physical therapist.
Exam Room (GP)	EXRG1	11.15	120	Army - One per projected FTE anesthesiologist, nurse anesthetist, or physical therapist.
	EXRG2			Navy. See above Planning Range/Comment.
	EXRG3			Air Force. See above Planning Range/Comment.

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PAIN CLINIC: Continued

Physical Therapy Office (GP)	OFD01	11.15	120	Army - One per every three projected FTE physical therapy technicians, or portion thereof.
	OFD02			Navy - See above Planning Range/Comment.
	OFD03			Air Force - See above Planning Range/Comment.
Equipment Storage	SRE01	7.43	80	One per Pain Clinic.
Exercise Area	PTEA1	18.58	200	Provide if exercise therapy is performed in the clinic. Allows space for one machine, mat area, with circulation.

Functions which are required for Surgical Residency: The following areas must be programmed if the MTF has Surgical Residency Program(s). These areas are in addition to those listed under common areas above.

RESIDENCY PROGRAM

Director of Residency Program (GP)	OFD01	11.15	120	Army - One per Residency Program Director.
	OFD02			Navy - See above Planning Range/Comment.
	OFD03			Air Force - See above Planning Range/Comment.
Secretary to Director with Visitor Waiting.	SEC01	11.15	120	One per projected FTE secretary.
Residency Coordinator	OFA01	11.15	120	One per projected FTE residency program coordinator.
	OFA02			
Residency Research Technician Cubicle	OFA03	5.57	60	Provide 60 nsf per projected FTE position.
Resident Cubicle	OFA03	5.57	60	Navy/Air Force. Per projected Resident.
		3.72	40	Army. Per projected Resident.
Residency Library	LIBB1	13.01	140	One per Residency Program.
Conference Room (GP)	CRA01	23.23	250	One per Residency Program.
Resident Exam Room (GP)	EXRG1	11.15	120	Army. One per projected resident. Minus the two monitored exam rooms.
	EXRG2			Navy. See above Planning Range/Comment.
	EXRG3			Air Force. See above Planning Range/Comment.
Monitored Exam Room - Subject & Viewing Room (GP)	EXRG1	11.15	120	Army - Provide two exam rooms per residency program, and one CMP02. These rooms use cameras and videotapes.
	EXRG2			Navy - See above Planning Range/Comment.
	EXRG3			Air Force - See above Planning Range/Comment.
	CMP02	5.57	60	One room can support two-exam rooms. This room holds the video recorders.
Preceptor/Consult Room	OFDC1	11.15	120	One per eight staff physicians per Clinic Concept of Operations.

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